

ISSUE SLIP STIPULE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		73	12/11/60
FORMALITY REVIEW	C-M	100014	2/22/61
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1 1	06/11/04
2 2	02/30/03
3 3	01/01/03
4 4	
5 5	
6 6	
7 7	
8 8	
9 9	
10 10	
11 11	
12 12	
13 13	
14 14	
15 15	
16 16	
17 17	
18 18	
19 19	
20 20	
21 21	
22 22	
23 23	
24 24	
25 25	
26 26	
27 27	
28 28	
29 29	
30 30	
31 31	
32 32	
33 33	
34 34	
35 35	
36 36	
37 37	
38 38	
39 39	
40 40	
41 41	
42 42	
43 43	
44 44	
45 45	
46 46	
47 47	
48 48	
49 49	
50 50	

Claim	Date
Final Original	
51 51	
52 52	
53 53	
54 54	
55 55	
56 56	
57 57	
58 58	
59 59	
60 60	
61 61	
62 62	
63 63	
64 64	
65 65	
66 66	
67 67	
68 68	
69 69	
70 70	
71 71	
72 72	
73 73	
74 74	
75 75	
76 76	
77 77	
78 78	
79 79	
80 80	
81 81	
82 82	
83 83	
84 84	
85 85	
86 86	
87 87	
88 88	
89 89	
90 90	
91 91	
92 92	
93 93	
94 94	
95 95	
96 96	
97 97	
98 98	
99 99	
100 100	

Claim	Date
Final Original	
101 101	
102 102	
103 103	
104 104	
105 105	
106 106	
107 107	
108 108	
109 109	
110 110	
111 111	
112 112	
113 113	
114 114	
115 115	
116 116	
117 117	
118 118	
119 119	
120 120	
121 121	
122 122	
123 123	
124 124	
125 125	
126 126	
127 127	
128 128	
129 129	
130 130	
131 131	
132 132	
133 133	
134 134	
135 135	
136 136	
137 137	
138 138	
139 139	
140 140	
141 141	
142 142	
143 143	
144 144	
145 145	
146 146	
147 147	
148 148	
149 149	
150 150	

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)